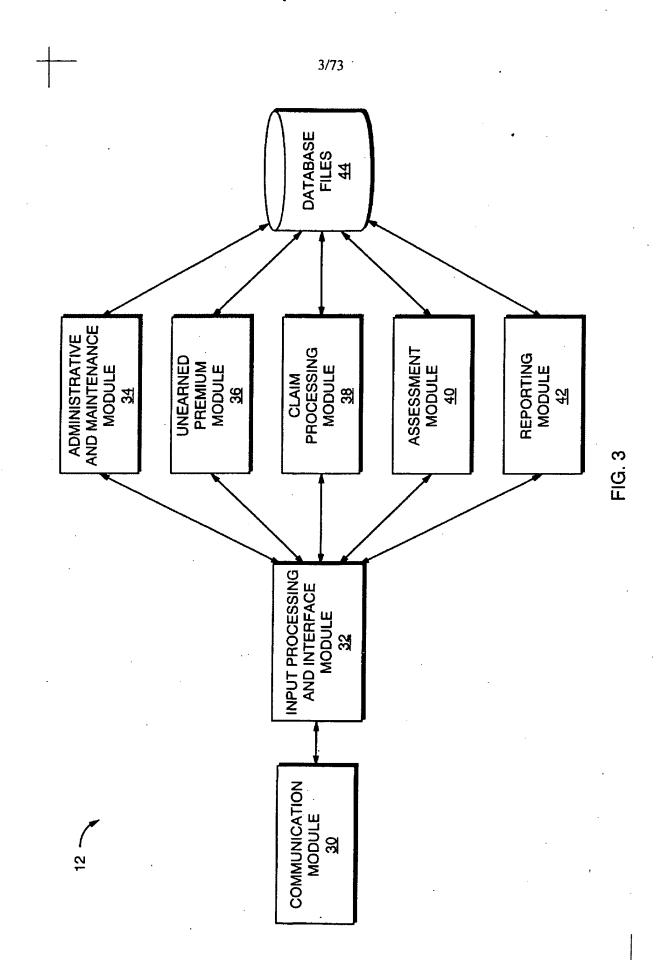


FIG. 2

14a



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34 -

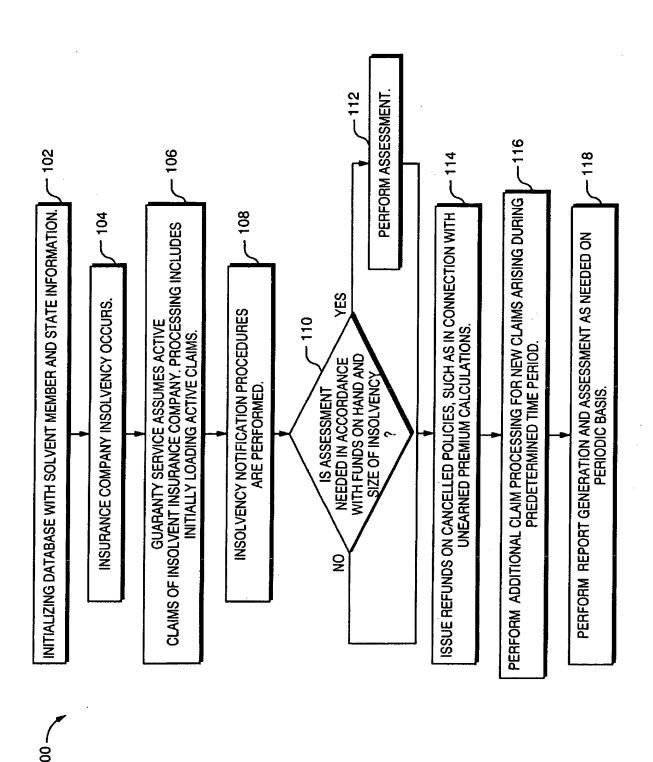
SECURITY MODULE 34a

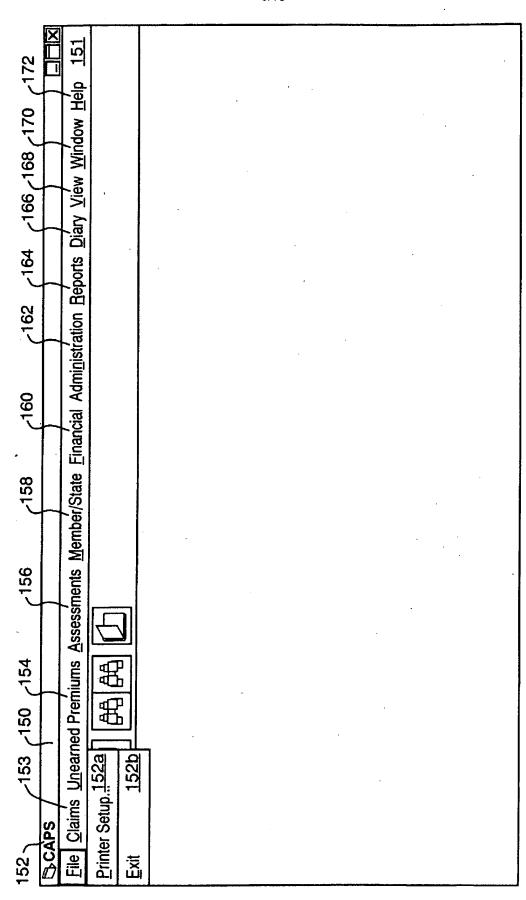
MEMBER AND STATE MANAGEMENT MODULE 34b

ACCOUNTING SYSTEM INTERFACE MODULE 340

> OTHER MODULES 34d

FIG. 4





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FIG. 7A

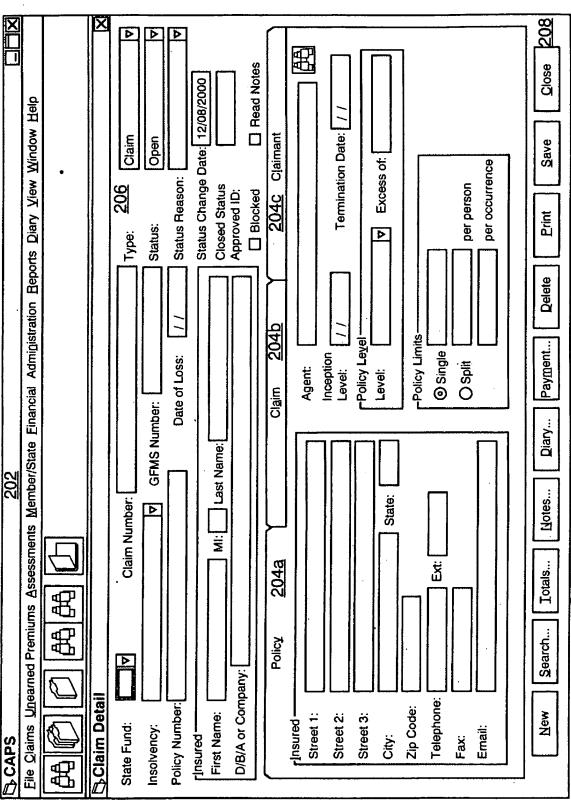


FIG. 7B

© CAPS 210	
Eile Claims Unearned Premiums Assessments Member/State Financial Administration Beports	
©Claim Detail	X
State Fund:	Type: 206 Claim
Insolvency:	Status: Open $lacktriangle$
Policy Number:	: / / Status Reason:
rinsured First Name: MI: Last Name: Clo	Status Change Date: 12/08/2000 Closed Status
D/B/A or Company:	Approved ID: Approved ID:
Policy Colaim 204b	Claima
Date Reported: // Related Claim Number:	ber:
Date Received: [//] Liquidator's Claim Number:	Jumber:
Date Entered: 12/08/2000 Defense Attorney 1:	· · · · · · · · · · · · · · · · · · ·
Entered By: JS2 - Stadtlander, Jason Defense Attorney 2:	
Claim Handler: Toxic Site:	
Lookup Code(s) insurance Account:	Δ
V4-	▼ Ela location
Claim Box Number:	
File Location:	00 - ONE BOWDOIN SQUARE [7] [12/08/2000]
New Search Totals Notes Diary Payment Delete	

FIG. 7C

© CAPS	212					
Eile Claims Unearned Premiums Assessments		Member/State Financial Administration Beports Diary View Window Help	stration Bep	orts Diary <u>Vie</u> v	w Window He	d.
	·				-	
DClaim Detail						
State Fund: MA T 206a Clain	16d Claim Number: 000291331-003	31-003 206b] Type: 206	CBN 206c	△ 39
Insolvency: 180 - TRUST INSURANCE	URANCE COMPAT GFMS Number: 88637	tumber: 88637	206e	Status: 206F	Open 206	<u>4</u> <u>₹9</u>
	<u>206g</u>	Date of Loss:	08/20/1998	Status Reason:		Δ
rinsured <u>206j</u> First Name: DEBORAH	MI: Tast Name:	Last Name: FLANAGAN		Status Change Closed Status	Status Change Date: 08/09/2000 Closed Status	/2000
D/B/A or Company:				Approved ID:		Sold Notice
Policy	_	Claim		DE VOID	Claimant	204c
Claimant List:						
Claimant # Claimant Name	Address	Telephone	Fax	E-Mail	Social Security	urity Date C
LAPSHIN, VLAD -		() - ext.	• ()			
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						Δ
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New Search Totals	Notes Dia	Diary Раущепt	Delete	Print	Save	Close 208
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FIG. 7D

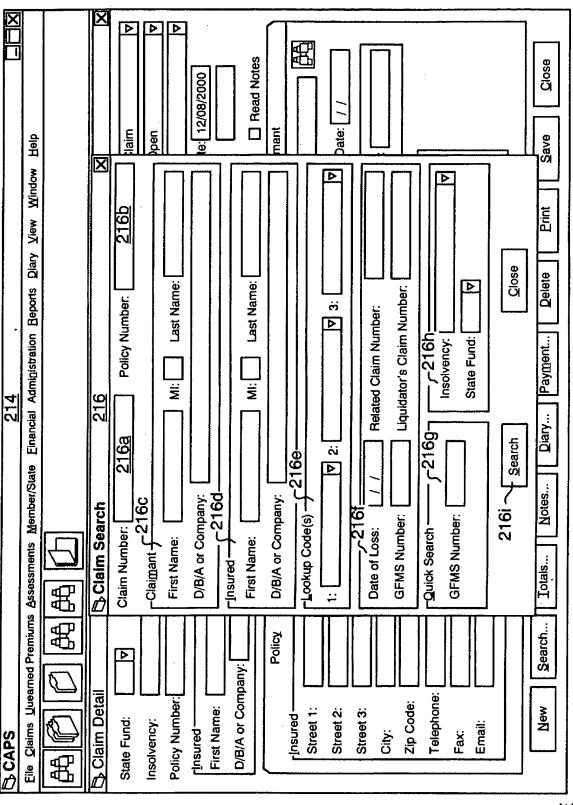
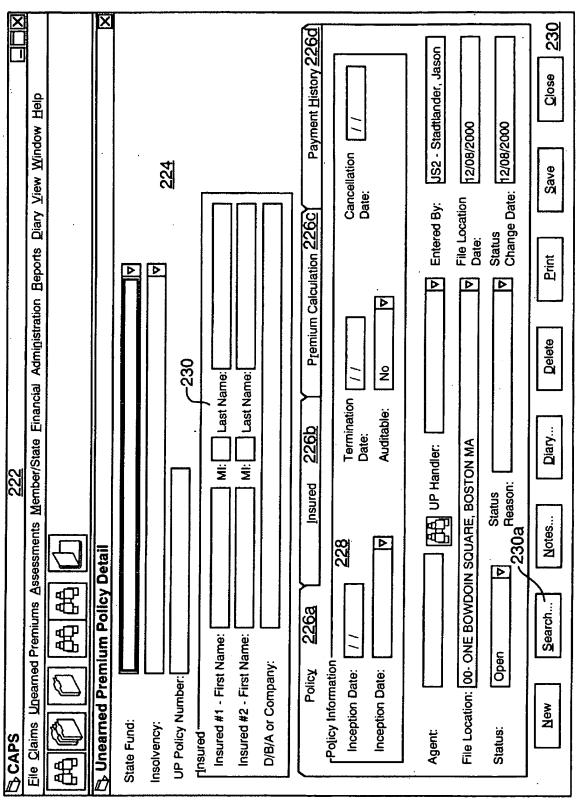


FIG. 7E

-1G. 8A



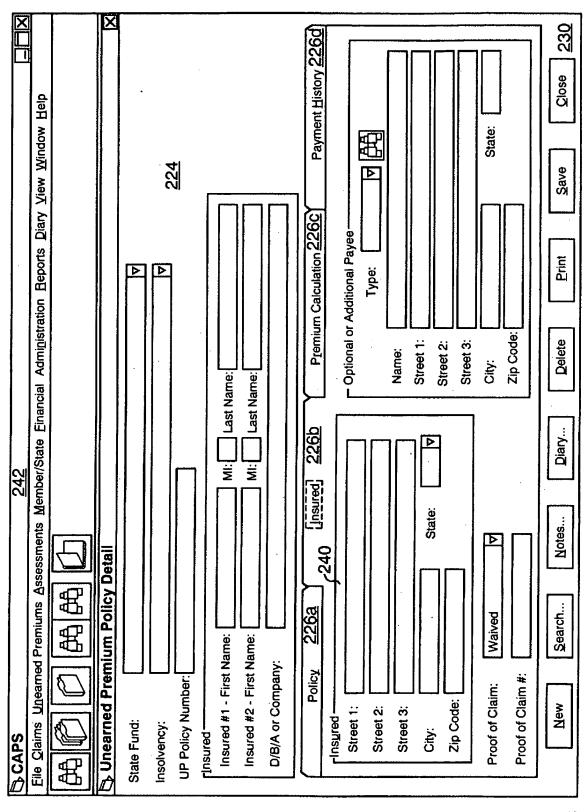


FIG. 8C

© CAPS 244	
Eile Claims Uneamed Premiums Assessments Member/State Einancial Administration Beports Diary View Window Help	
♣ Unearned Premium Policy Detail	X
State Fund:	
Insolvency:	
UP Policy Number:	
Insured #1 - First Name:	
Insured #2 - First Name:	
D/B/A or Company:	
Policy 226a Insured 226b (Premium Calculation, 226c) Paym	Payment History 226d
Total Premium:	
Premium Paid:	
Gross Unearned Premium: 250d State Deductible: Non - F	Non - Payment Letter
Remaining Deductible: State Cap:	
Payments Issued: Deductible Applied: Payment	Payments Issued Letter
Override Amount:	
Unearned Premium to be Paid:	·
Reserve:	
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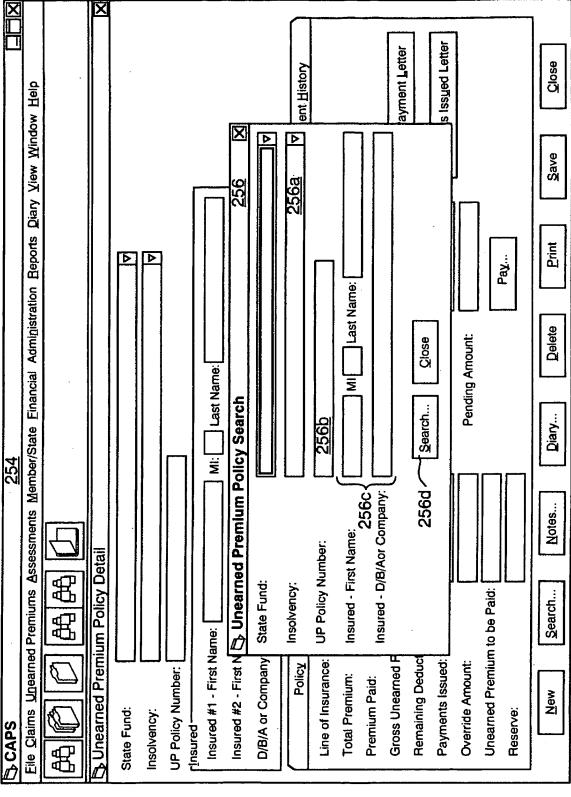


FIG. 8E

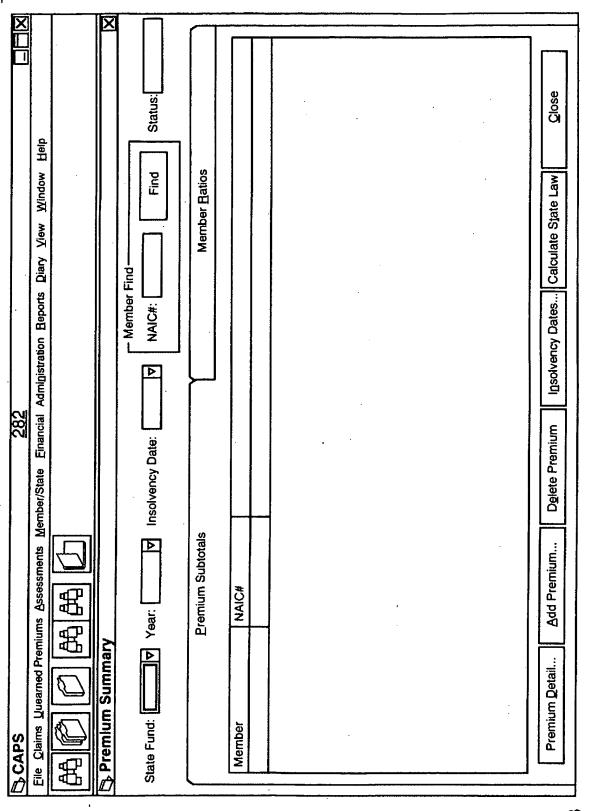
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Unearned Premium Po	remium Policy	licy Detail						X
State Fund:	MA - Massachi	MA - Massachusetts Insurers Insolvency Fund		224a 🔻				
Insolvency:	143 - AMERIC	RICAN MUTUAL INSURANCE OF BOSTON	STON	224b v		700	•	
UP Policy Number:	er: C240362018	224c	-	·	ı	777		
Insured #1 - First Name:	st Name:	MI: Last h	Vame: SMIT	Last Name: SMITKUMAR B KADAKIA	DAKIA	224d		
Insured #2 - First Name:	st Name:	MI: Tast N	Last Name:			} !		
D/B/A or Company:	SI	IITKUMAR B KADAKIA						
Policy	icy	Insured	Prem	Premium Calculation		226d [Payment History]	History	
_260a		ر 260			ľ			
Date	Amount	Payee/Description	Check #	Status	Reason	UP Handler	Entered By	
06/14/1989 \$283.00		PAYMENT REVERSED ON 11/2	34146	REVERSED		DA1	DA1	
01/24/1991 \$0	\$0.00	SMITKUMAR B KADAKIA, - SMI		RECOVERY	OTHREC			
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FIG. 8F

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Eile Claims Unearned Premiums	Premiums Assessments Member/State Einancial Administration Beports Diary View Window Help	
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Unearned Premium Poli	um Policy Detail	X
State Fund:	© Diary Detail 272 . ⊠	
Insolvency:	State Fund: Massachusetts Insurers Insolvency Fund	
UP Policy Number:	Insolvency: AMERICAN MUTUAL INSURANCE OF BOSTON	
rInsured	Policy Number: C240362018	
Insured #1 - First N	Insured: SMITKUMAR B KADAKIA, , SMITKUMAR B KADAKIA	
Insured #2 - First N	Claimant:	
D/B/A or Company:	Claim Number:	
Policy	Date of Loss:	nent History 226d
Line of Insurance:		
Total Premium:	Diary Date: [12/08/2000] Review Date: [01/22/2001] OR Number of [
Premium Paid:	Comments: New Unearned Premium	
Gross Uneamed P		ayment Letter
Remaining Deduct	Diary History List:	
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Unearned Premium		-
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FIG. 9C

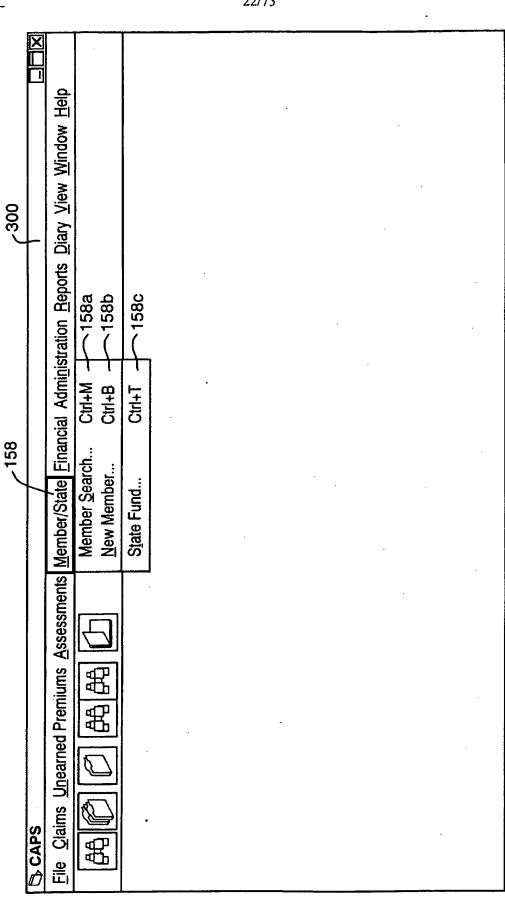
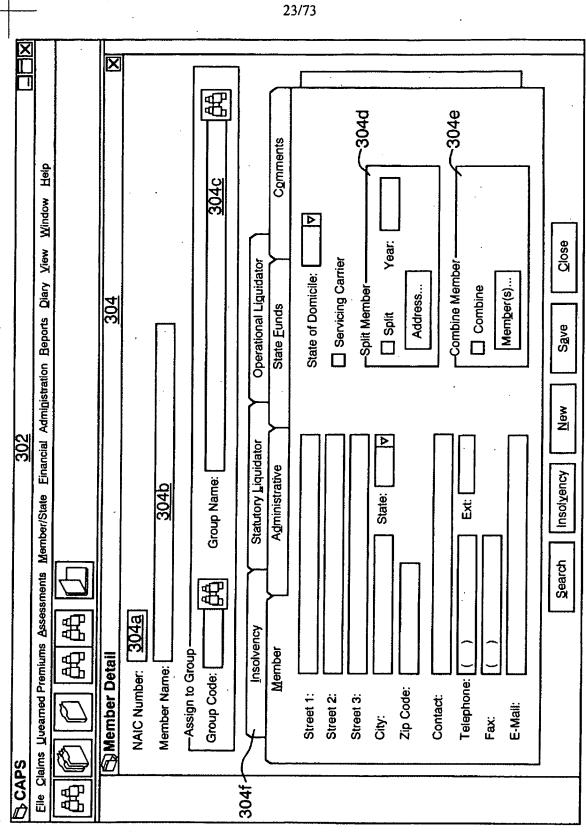


FIG. 10A





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312	1	Assessments	F	3															
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FIG. 12

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7164		Reports Diary View Window Help	- Assessments	- Claims	Unearned Premiums	- Common Functions							
		Administration	164a	164b ()	164c	164d)							
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	© CAPS	File Claims Unearned Premiums Assessments Member/State Financial Administration	E										

FIG. 13

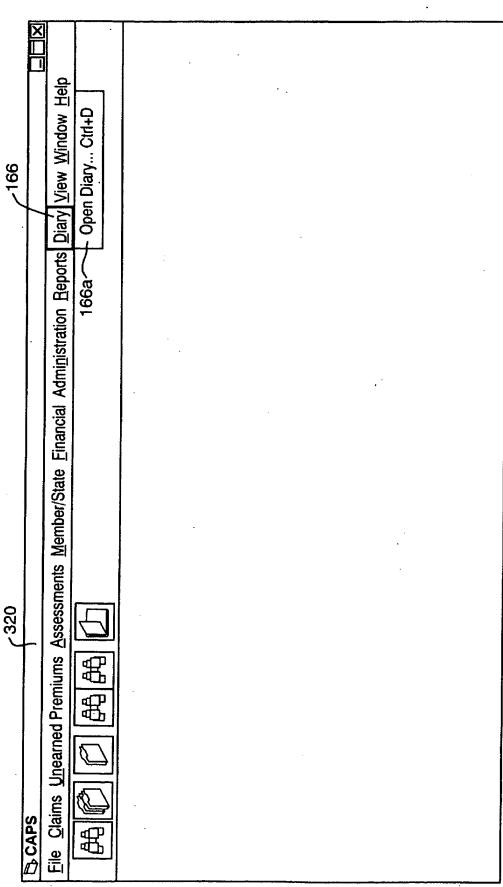


FIG. 14

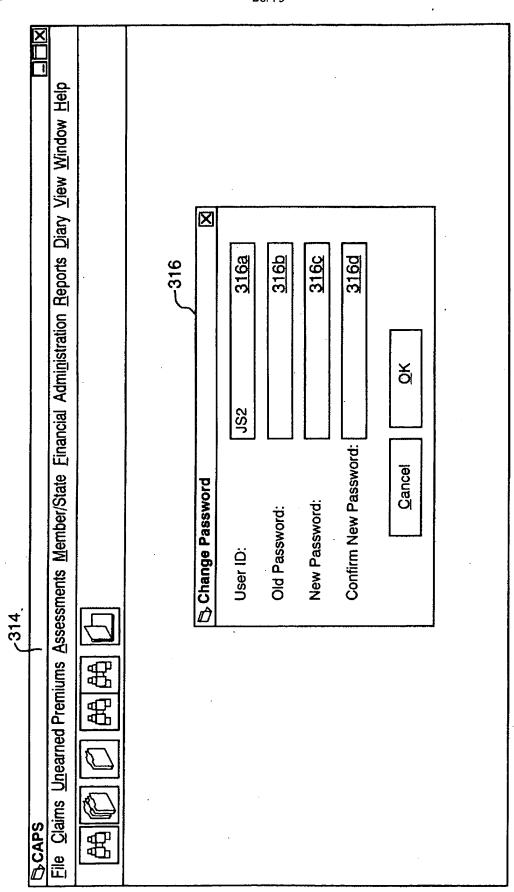
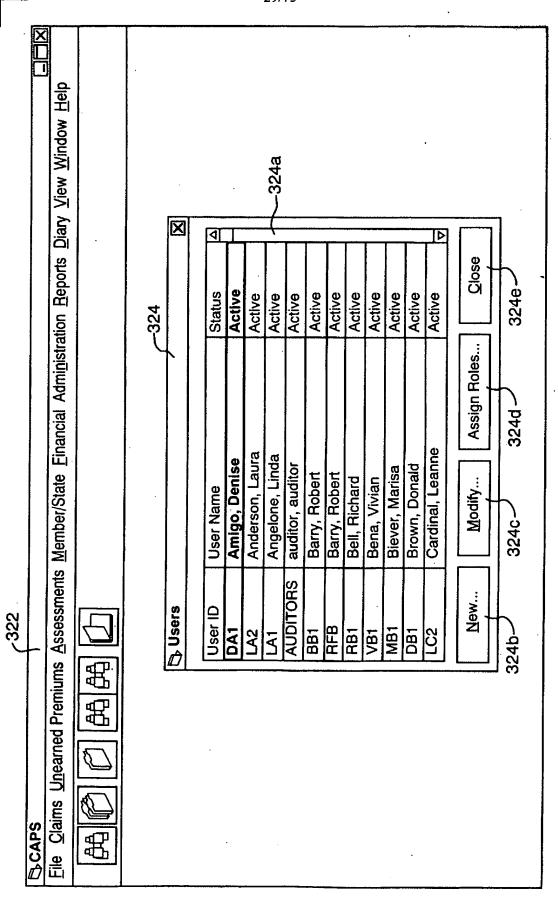


FIG. 15



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FIG. 16

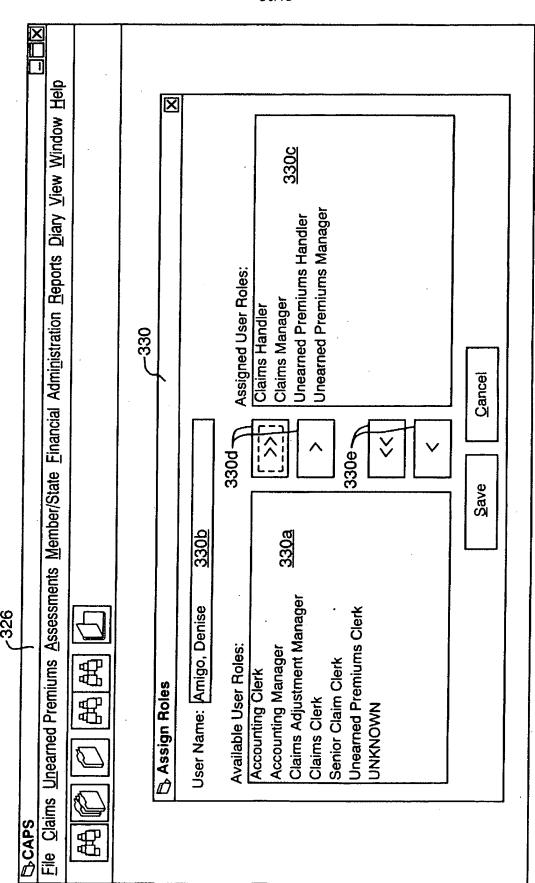


FIG. 17

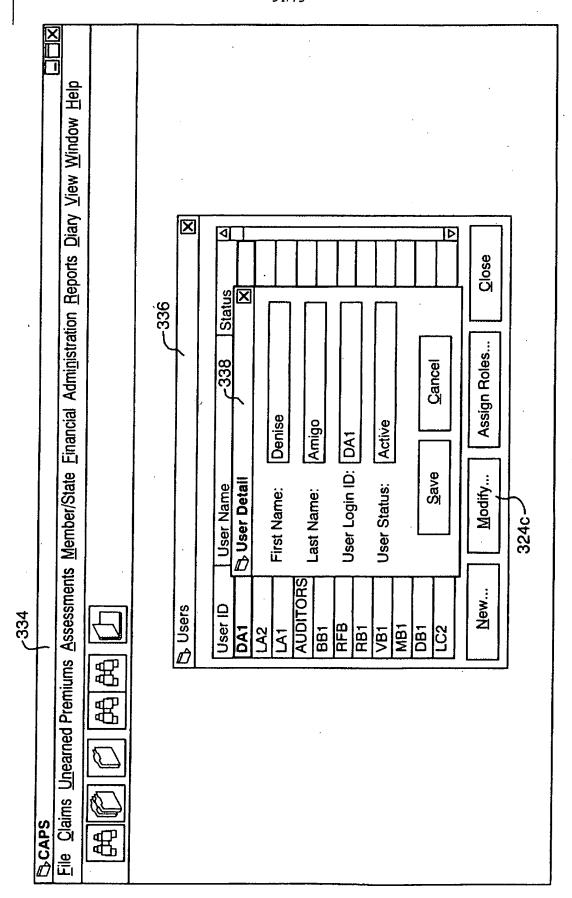
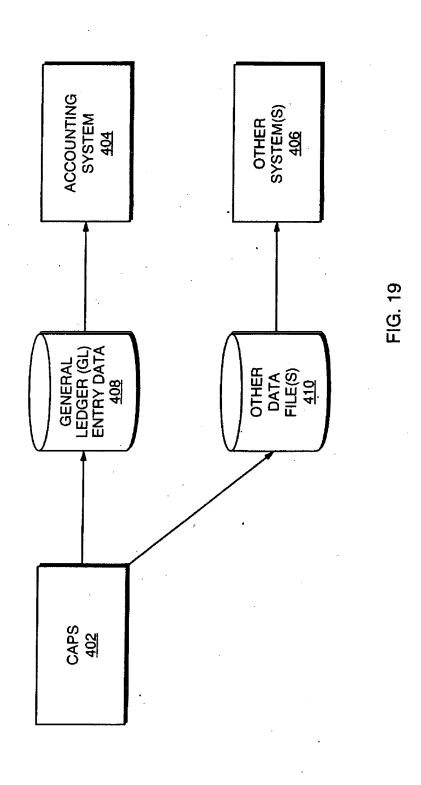
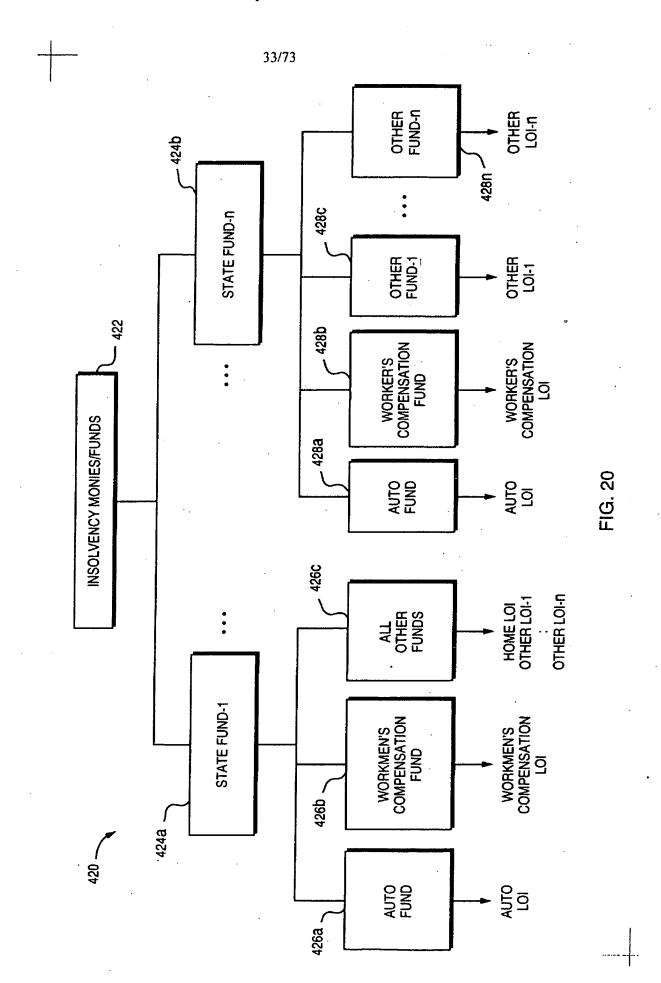


FIG. 18





Insolvency: State Fund: Night Auto Coverage List: Yes/No Coverage Code Coverage Description N 305003 Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate N 305004 Commercial Auto-Liability-Bodily Injury-Underinsured Motorist N 305005 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate N 305012 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit N 305013 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit N 305014 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit N 305015 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit N 305016 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit N 305027 N 305027 Personal Injury Protection (PIP)-No Fault N 305030 Medical Payments N 305031 Map/Unmap Comprehensive or Specified Perlis N 305032 Comprehensive or Specified Perlis N 305033 Comprehensive or Specified Perlis N 305034 Comprehensive or Specified Perlis N 305036 Commercial Close	♣ Insolvency Mapping	Mapping		
Auto 305003 Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit 305006 Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit 305009 Commercial Auto-Liability-Bodily Injury-Underinsured Motorist 305009 Commercial Auto-Liability-Bodily Injury-Underinsured Motorist 305012 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit 305015 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit 305016 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit 305017 Commercial Auto-Liability-Property Damage-Underinsured Motorist 305027 Social Commercial Auto-Liability-Property Damage-Uninsured Motorist 305030 Medical Payments 305030 Medical Payments 305030 Medical Payments 305030 Medical Payments 305030 Map/Unmap Close Social Close Social Close	Insolvency:	Johnson M	utual Insurance Company	
Auto	State Fund:	HN	504	
Soverage Code Coverage Description 305003 Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit Aggregate 305009 Commercial Auto-Liability-Bodily Injury-Underinsured Motorist 305009 Commercial Auto-Liability-Bodily Injury-Underinsured Motorist 305012 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit Aggregate 305018 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate 305021 Commercial Auto-Liability-Property Damage-Underinsured Motorist 305027 Personal Injury-Property Damage-Underinsured Motorist 305030 Medical Payments 305033 Comprehensive or Specified Perils 305036 Commercial 305037 Fersonal Injury Protection (PIP)-No Fault 305036 Commercial 305037 Commercial 305037 Commercial 305038 Comprehensive or Specified Perils 305039 Commercial 305030 Fersonal Injury Protection (PIP)-No Fault 305031 Fersonal Injury Protection (PIP)-No Fault	Insurance A			
Coverage Code Coverage Description 305003 Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit 305006 Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate 305009 Commercial Auto-Liability-Bodily Injury-Unfarsured Motorist 305012 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit 305015 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit 305016 Commercial Auto-Liability-Property Damage-Underinsured Motorist 305017 Commercial Auto-Liability-Property Damage-Underinsured Motorist 305027 Personal Injury Protection (PIP)-No Fault 305038 Commercial Auto-Liability-Property Damage-Unlnsured Motorist 305038 Comprehensive or Specified Perils 305038 Comprehensive or Specified Perils 305036 Medical Payments 305036 Commercial 305037 Fersonal Injury Protection (PIP)-No Fault 305038 Comprehensive or Specified Perils 305038 Comprehensive or Specified Perils 305030 Medical Payments 305030 Medical Payments 305030 Fersonal Injury Protection (PIP)-No Fault 305030 Medical Payments	Coverage Li	st:		505
305003 Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit 305006 Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate 305009 Commercial Auto-Liability-Bodily Injury-Underinsured Motorist 305012 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit 305018 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate 305021 Commercial Auto-Liability-Property Damage-Underinsured Motorist 305022 Commercial Auto-Liability-Property Damage-Underinsured Motorist 305027 Personal Injury Protection (PIP)-No Fault 305030 Medical Payments 305033 Comprehensive or Specified Perils 305036 Commercial 305036 Commercial 305036 Commercial 305036 Commercial 305037 Personal Injury Protection (PIP)-No Fault 305038 Commercial 305039 Commercial 305030 Medical Payments 305030 Medical Payments 305036 Commercial 305036 Commercial 305036 Commercial 305037 Personal Injury Protection (PIP)-No Fault 305038 Commercial 305038 Commercial 305039 Commercial 305030 Medical Payments	Yes/No	Coverage Code	Coverage Description	
305006 Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate 305009 Commercial Auto-Liability-Bodily Injury-Underinsured Motorist 305012 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit 305018 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate 305021 Commercial Auto-Liability-Property Damage-Underinsured Motorist 305022 Commercial Auto-Liability-Property Damage-Uninsured Motorist 305027 Personal Injury Protection (PIP)-No Fault 305030 Medical Payments 305033 Comprehensive or Specified Perils 305034 Commercial 305036 Comprehensive or Specified Perils 305036 Comprehensive or Specified Perils 305037 Personal Injury Protection (PIP)-No Fault 305038 Comprehensive or Specified Perils 305039 Auto-Liability-Property Damage-Uninsured Motorist 305030 Medical Payments 305030 Medical Payments 305030 Medical Payments 305030 Auto-Liability-Property Damage-Uninsured Motorist 305030 Medical Payments 305030 Medical Payments 305030 Auto-Liability-Property Damage-Uninsured Motorist 305030 Medical Payments 305030 Medical Payments 305030 Auto-Liability-Property Damage-Uninsured Motorist 305030 Auto-Liability-Pro	Z	305003	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit	
305009 Commercial Auto-Liability-Bodily Injury-Underinsured Motorist 305012 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit 305018 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate 305024 Commercial Auto-Liability-Property Damage-Underinsured Motorist 305027 Personal Injury Protection (PIP)-No Fault 305030 Medical Payments 305030 Comprehensive or Specified Perils 305030 Auto-Liability-Property Damage-Uninsured Motorist 305030 Medical Payments 305030 Medical Payments 305030 Comprehensive or Specified Perils 305030 Comprehensive or Specified Perils 305030 Auto-Liability-Property Damage-Uninsured Motorist 305030 Medical Payments	Z	302006	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate	
305012 Commercial Auto-Liability-Bodily Injury-Uninsured Motorist 305015 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit 305018 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate 305021 Commercial Auto-Liability-Property Damage-Uninsured Motorist 305027 Personal Injury Protection (PIP)-No Fault 305030 Medical Payments 305033 Comprehensive or Specified Perils 305033 Comprehensive or Specified Perils 305034 Commercial 305035 Comprehensive or Specified Perils 305036 Commercial 305037 Fersonal Injury Protection (PIP)-No Fault 305030 Medical Payments	Z	305009	Commercial Auto-Liability-Bodily Injury-Underinsured Motorist	Ť
305015 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit 305018 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate 305021 Commercial Auto-Liability-Property Damage-Underinsured Motorist 305027 Personal Injury Protection (PIP)-No Fault 305030 Medical Payments 305033 Comprehensive or Specified Perils 305034 Commercial 305035 Comprehensive or Specified Perils 305036 Commercial 305037 Second Commercial 305038 Comprehensive or Specified Perils 305039 Comprehensive or Specified Perils 305030 Second Commercial 305030 Second Commercial 305030 Second Commercial 305030 Second Commercial	Z	305012	Commercial Auto-Liability-Bodily Injury-Uninsured Motorist	Π
305018 Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate 305021 Commercial Auto-Liability-Property Damage-Underinsured Motorist 305027 Personal Injury Protection (PIP)-No Fault 305030 Medical Payments 305033 Comprehensive or Specified Perils 305033 Comprehensive or Specified Perils 305036 Commercial 305037 Personal Injury Protection (PIP)-No Fault 305038 Comprehensive or Specified Perils 305036 Commercial 305037 Personal Injury Protection (PIP)-No Fault 305037 Personal Injury Protection (PIP)-No Fault 305030 Medical Payments	z	305015	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit	Γ
305021 Commercial Auto-Liability-Property Damage-Underinsured Motorist 305027 Commercial Auto-Liability-Property Damage-Uninsured Motorist 305027 Personal Injury Protection (PIP)-No Fault 305030 Medical Payments 305033 Comprehensive or Specified Perils 305036 Commercial App/Unmap Social Fave Social Commercial Commercial Commercial Social Commercial	Z	305018	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggreg	date
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305027 Personal Injury Protection (PIP)-No Fault 305030 Medical Payments 305033 Comprehensive or Specified Perils 305036 Commercial Map/Unmap [Z	305024	Commercial Auto-Liability-Property Damage-Uninsured Motorist	Τ
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305033 Comprehensive or Specified Perils 305036 Commercial Map/Unmap [Z	305030	Medical Payments	Γ
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		50	a 506b	

FIG. 21

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	State Fund:	MA			Claim	Claim Number:	12345	12345678901234567890	7890	514	1
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	Policy Number;	HF0202400000000000	000000000		Date c	Date of Loss:	04/27/1999	1999			
		Claimant	ant					Coverage			
	Claimant: Bro	Bronson Klopfenstein	ein	51 <u>2</u> ∇							
	Coverage List:										
	Coverage	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Exp. Pend. Loss Becovery	Exp. Recovery	Officer	
	Benefits	_	\$20,000.00	\$2,000.00	\$40,000.00	\$4,000.00	3	\$1,000.00	T	\$500 00	
(Medical Expense		\$600.00	\$0	\$5,000.00	\$1,000.00	\$	\$1,000.00	\$0	9	
0 0	COLA	\$3,000.00	\$500.00	\$150.00	\$1,000.00	\$200.00	\$50.00	\$0	\$0	S	
	1	1									
	Ciaimant lotais	\$314,000	\$21,000	\$2,150	\$46,000	\$5,200	\$50	\$2,000	\$100	\$500	
	Claim Totals	\$600,000	\$60.000	\$10.000	000 065	\$15,000	\$3,000	\$7,000	0034	64 000	
	▽]]		7	2000	000,10	9000	000 1.	
				,							
				_ 	De Colore						
İ											

FIG. 22

<u>"</u>	Totale						520	0			
<u> </u>	Cano										区
	State Fund:	MA			Claim	Claim Number:	12345	12345678901234567890	7890	522	
	Insolvency:	Abington Mutual Ir	ual Insuranc	surance Company		GFMs Number:	GF00	GF0000001			
	Policy Number:	HP02024000000000000000)0000000000		Date of Loss:	f Loss:	04/27/1999	1999			
		Claimant	ant		}			Coverage			
	Coverage: Ben	Benefits		<u>524</u> ∇)			···
	Claimant List:	·									
•	Claimant	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend	Loss Berovery	Evn Doowlong	Officer	
	Bronson Klopfenstein \$300,000.00	sin \$300,000.00	\$20,000.00			\$4,000.00	\$0		\$150.00	\$600 00	
(John Smith	\$200,000.00	\$30,000.00	\$3,000.00	\$40,000.00	\$5,000.00	\$1,000.00	\$0	\$0 \$0	80	
250	Coverage Totals	000 000	,	000							
	ooverage lotais	900,000	000'00\$	\$5,000	280,000	000'6\$	\$1,000	\$2,000	\$150	\$600	
	Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3.000	\$7,000	\$500	41 000	
	▽									Δ	
					Close						
		i	•			7					

FIG 23

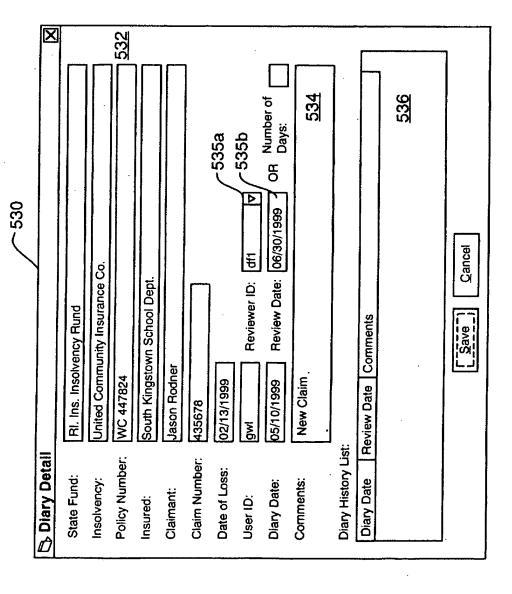


FIG. 24

Replacement Sheet

540 ~		38/73			
1010	542 544	546	548	550	552
	ACTION	DIARY TYPE	CLAIM	UNEARNED PREMIUM	GENERIC
APPROVAL	• WHEN A CLAIM PAYMENT IS DELETED	CLAIM PAYMENT APPROVAL	1		
APPROVAL	• WHEN AN UNEARNED PREMIUM PAYMENT IS DELETED	UP PAYMENT APPROVAL		•	·
APPROVAL	• WHEN THE CLOSING OF A CLAIM IS REJECTED	CLAIM CLOSING APPROVAL	1		
APPROVAL	WHEN THE CLOSING OF AN UNEARNED PREMIUM IS REJECTED	UP CLOSING APPROVAL		1	
CLAIM	• WHEN A CLAIM STATUS IS CHANGED TO "CLOSE"	CLAIM STATUS CHANGED	1		
UNEARNED PREMIUM	WHEN AN UNEARNED PREMIUM STATUS IS CHANGED TO "CLOSE"	UP STATUS CHANGED		1	
LOI	· WHEN A LOI IS MODIFIED	LOI MODIFIED			1
LOI	· WHEN A LOI IS DELETED	LOI DELETED			1
NOTES	• WHEN A CLAIM NOTE IS SENT TO A REVIEWER	CLAIM NOTE	1		
NOTES	• WHEN A CLAIMANT NOTE IS SENT TO A REVIEWER	CLAIMANT NOTE	1		
NOTES	• WHEN AN UNEARNED PREMIUM NOTE IS SENT TO A REVIEWER	UP NOTE		1	
RESERVE	• WHEN A RESERVE IS ADJUSTED FOR A CLAIMANT	CLAIM RESERVE	1		
RESERVÉ	WHEN A RESERVE IS ADJUSTED FOR A UNEARNED PREMIUM POLICY	UP RESERVE		1	
TAXPAYER	• WHEN A NEW TAX- PAYER IS ADDED	NEW TAXPAYER			1
TAXPAYER	• WHEN A TAXPAYER IS MODIFIED	MODIFY TAXPAYER			. 1
CLAIMANT	• WHEN THE USER ENTERS OR ADJUSTS A RESERVE ABOVE A USER'S PRESET RESERVE AGGREGATE OR INCREMENT LIMIT, THEN A DIARY IS SENT TO A CLAIM MANAGER FOR APPROVAL	CLAIMANT RESERVE ABOVE LIMIT	1		

FIG. 25

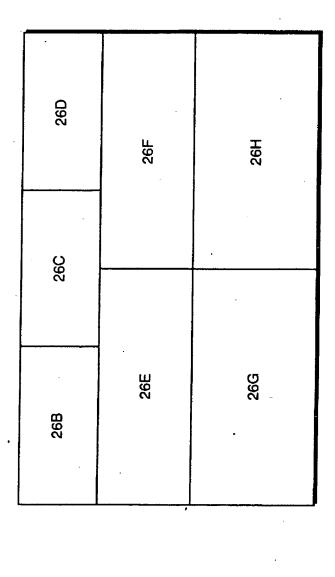


FIG. 26A

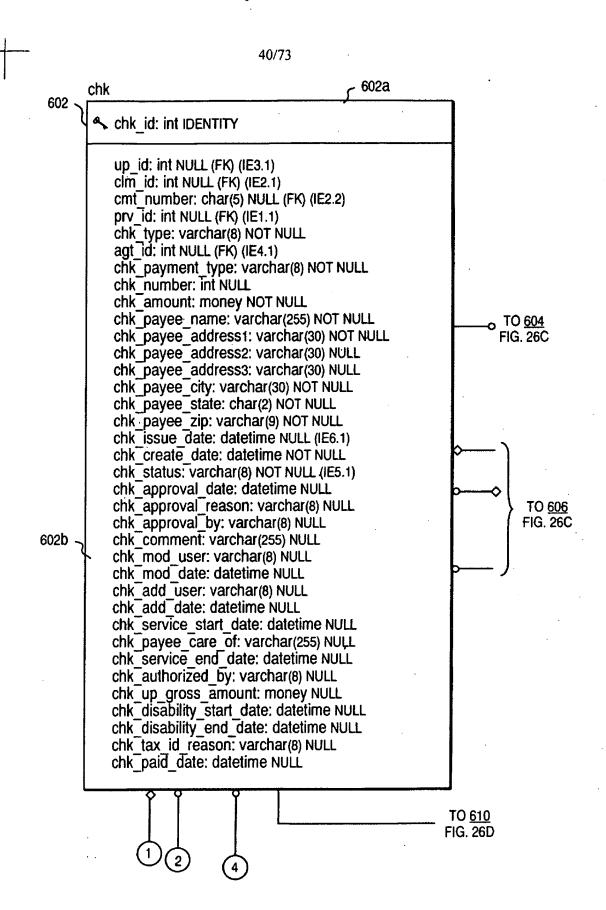


FIG. 26B

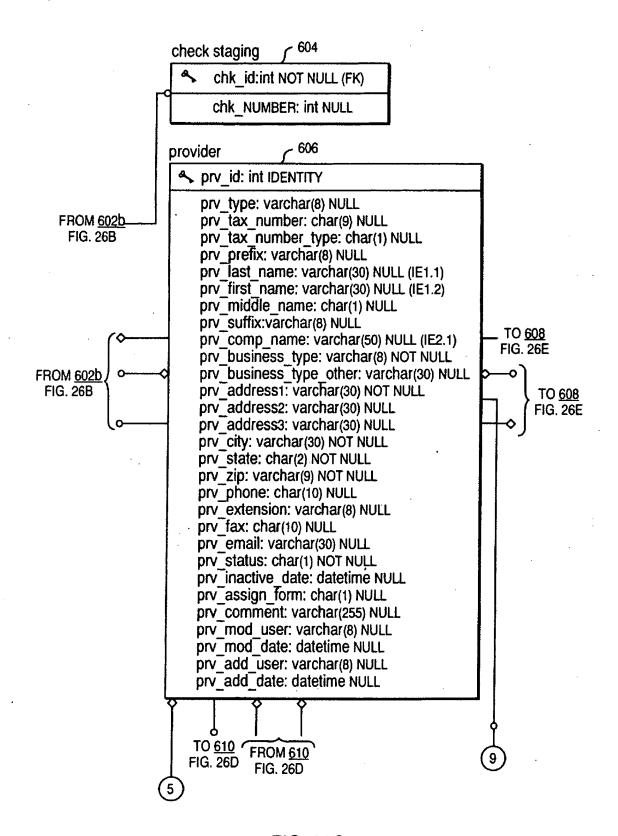


FIG. 26C

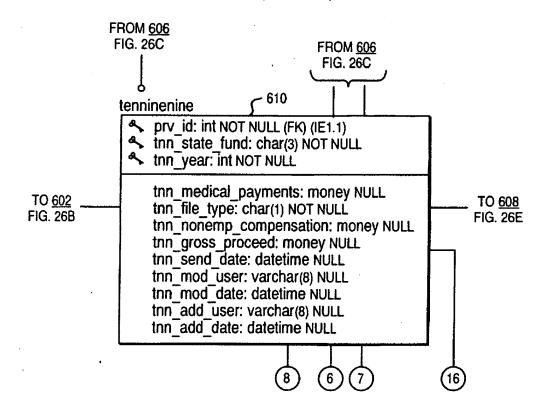


FIG. 26D

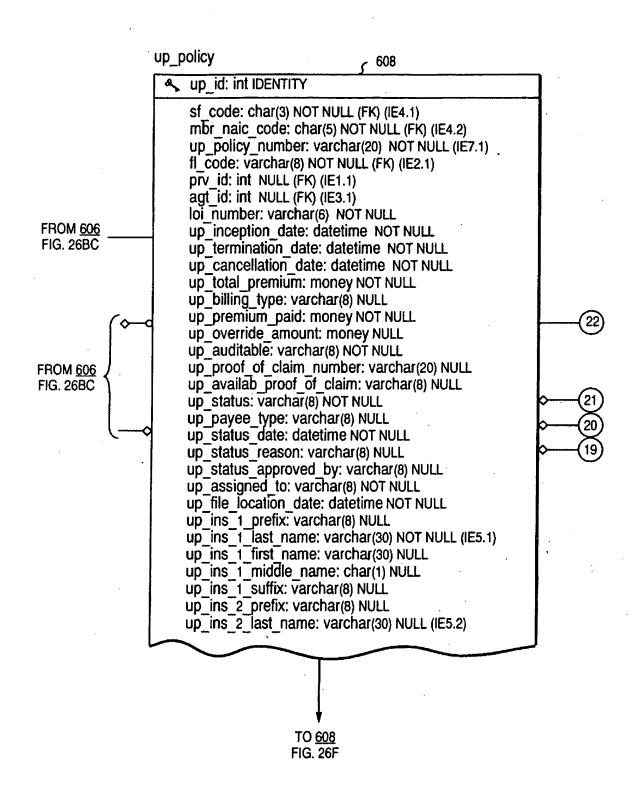


FIG. 26E

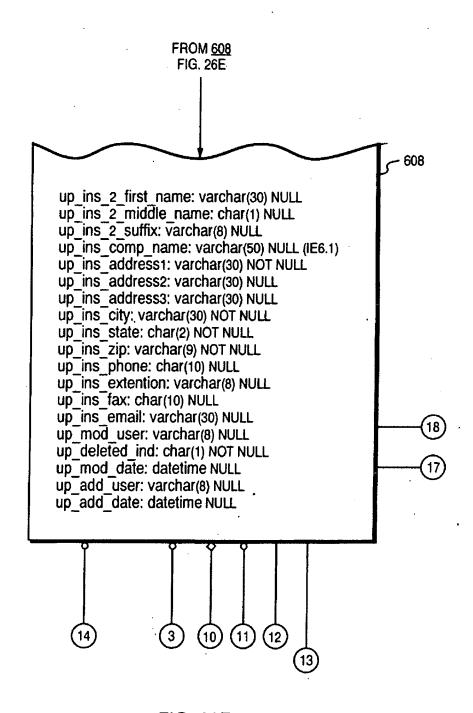


FIG. 26F

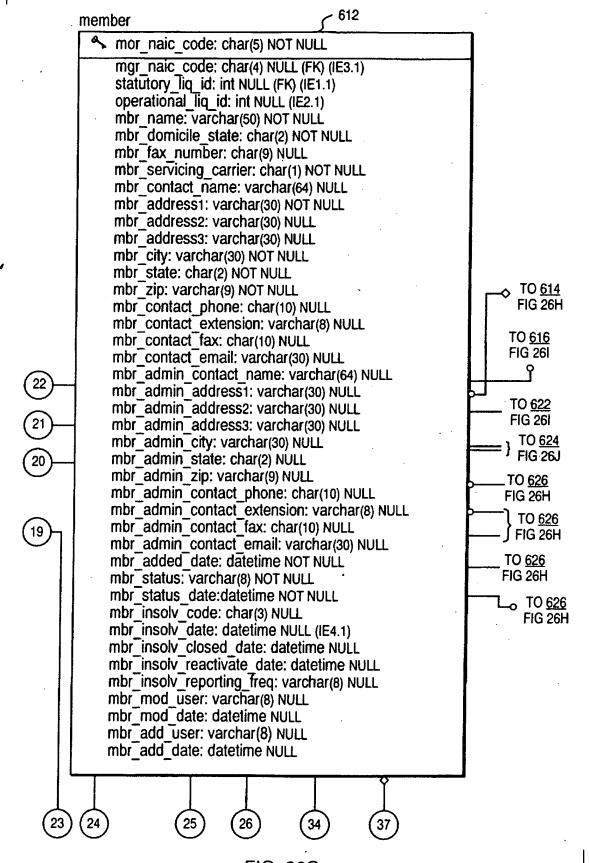


FIG. 26G

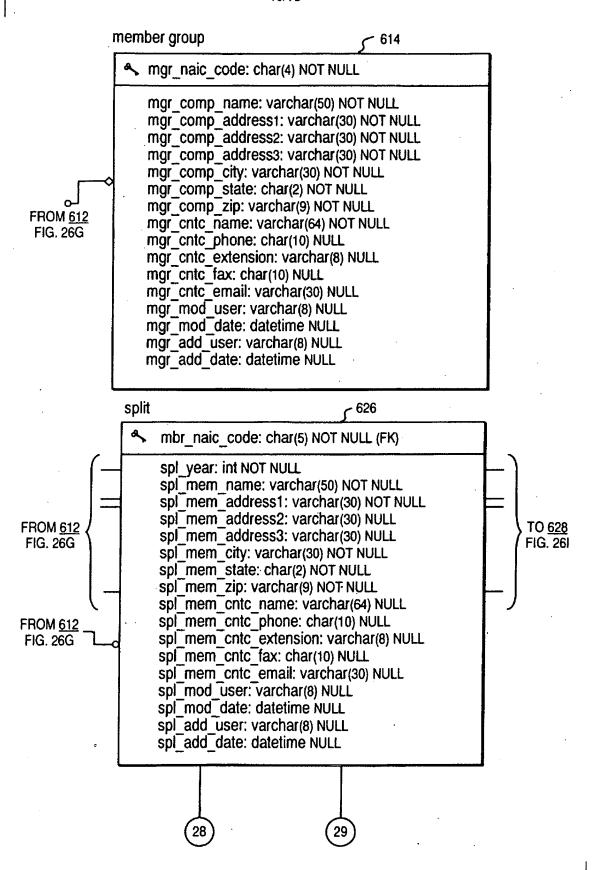


FIG. 26H

47/73 member financials 616 ح nbr naic code: char(5) NOT NULL (FK) (FE1.1) 🖴 mf type: varchar(8) NOT NULL mf premium_year: int NOT NULL mf value: money NOT NULL mf mod user: varchar(8) NULL mf mod date:datetime NULL mf add user: varchar(8) NULL mf add date: datetime NULL FROM 612 FIG. 26G 622 insolvency uds coverage code sf code: char(3) NOT NULL (FK) (IE1.1) mbr naic code: char(5) NOT NULL (FK) (IE1.2) loi number: varchar(6) NOT NULL (FK) (IE1.3) uds code: char(6) NOT NULL (FK) (IE2.1) TO 624 iud mod user: varchar(8) NULL iud mod date: datetime NULL FIG. 261 **FROM 612** iud add user: varchar(8) NULL FIG. 26G TO <u>624</u> iud add date: datetime NULL FIG. 261 628 assessment transaction at id: int-IDENTITY sf code: char(3) NOT NULL (FK) (IE2.1) FROM 626. mbr naic code: char(5) NOT NULL (FK) (IE2.2) FIG. 26H ia code: char(2) NOT NULL (FK) (IE2.3) at premium year: int NOT NULL at kind: varchar(8) NOT NULL at assess date: datetime NOT NULL at allocation group: int NULL (FK) (IE1.1) at type: varchar(8) NOT NULL at assess amount: money NOT NULL at deferred amount: money NULL at reversal: char(1) NOT NULL at from deferred: char(1) NOT NULL at adjustment date: datetime NULL at mod user: varchar(8) NULL at mod date: datetime NULL at add user: varchar(8) NULL at add date: datetime NULL at reverse at id: int NULL at loc notification: char(1) NULL FIG. 26

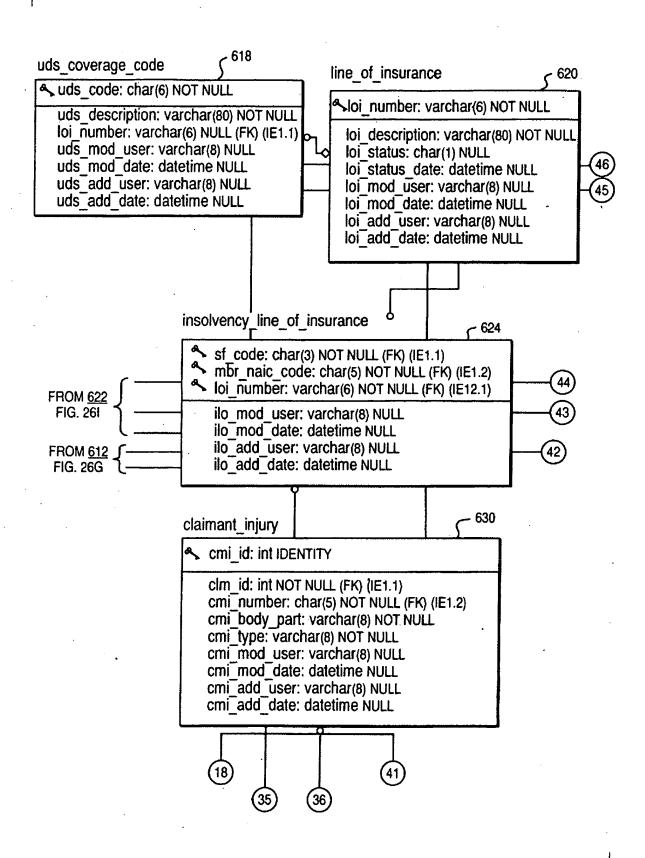
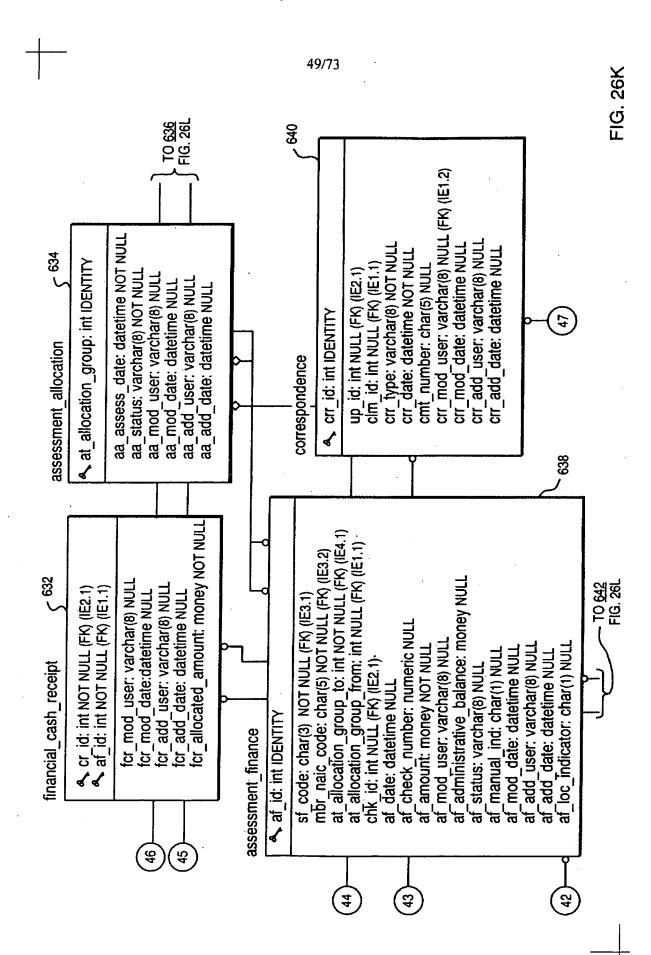
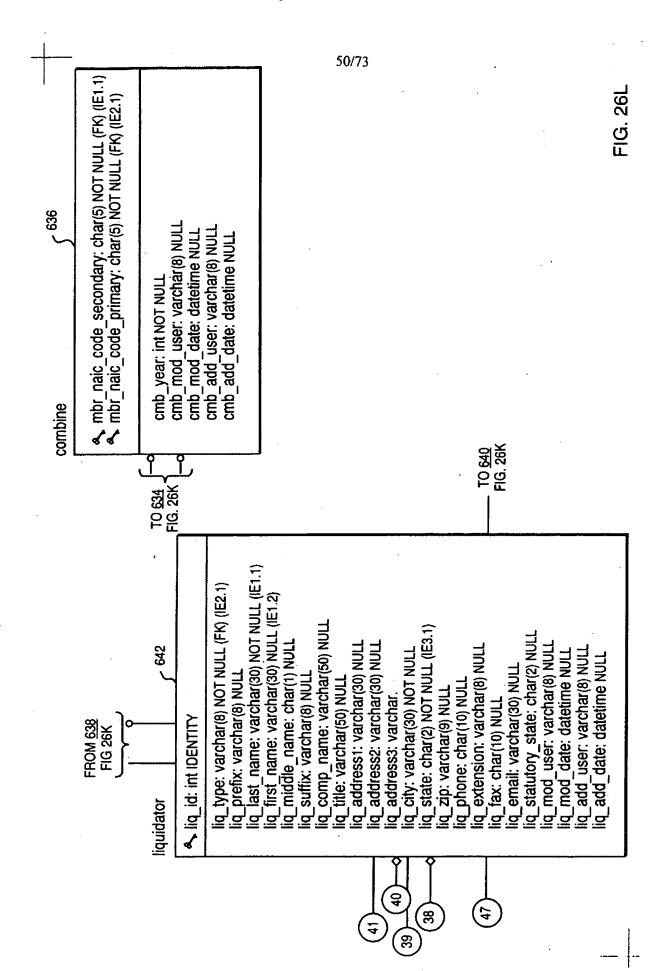


FIG. 26J





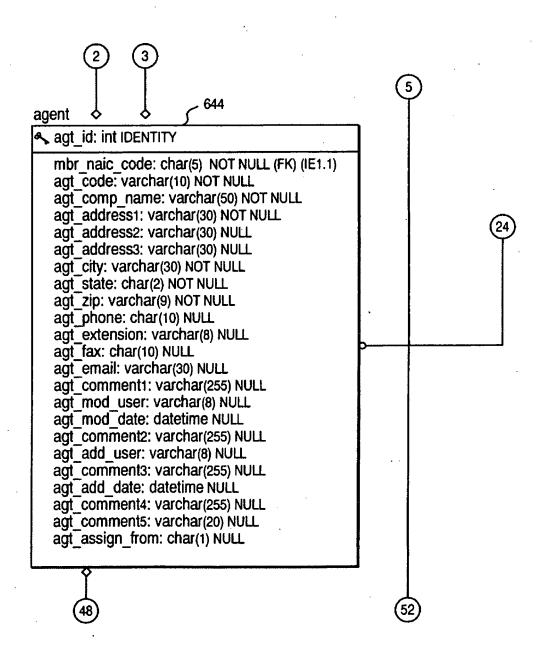


FIG. 26M

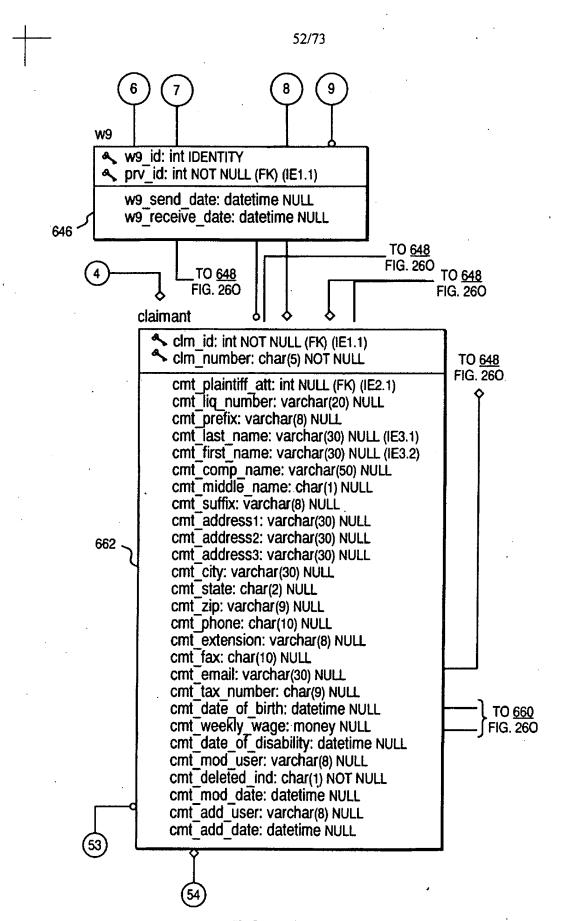


FIG. 26N

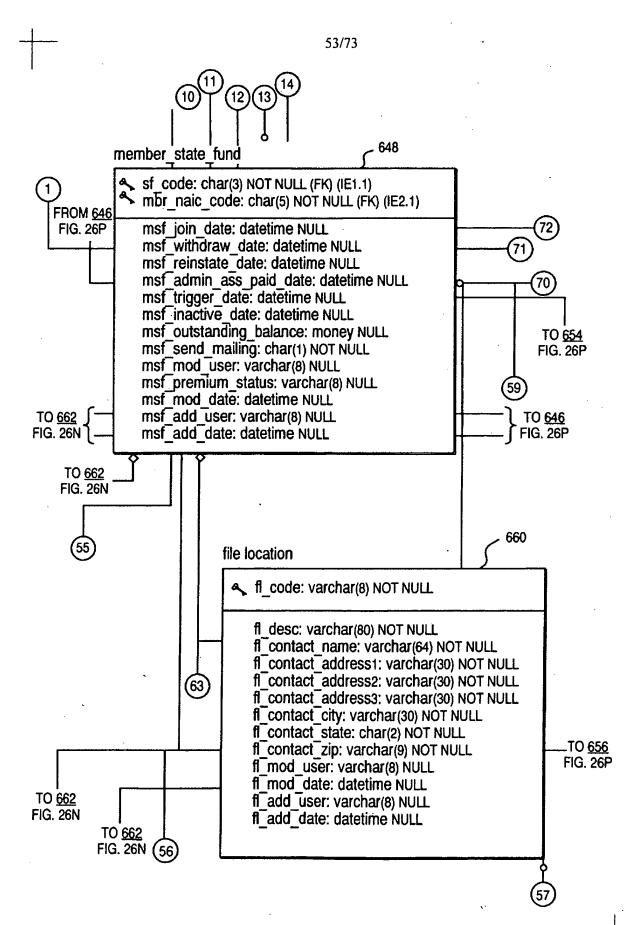


FIG. 260

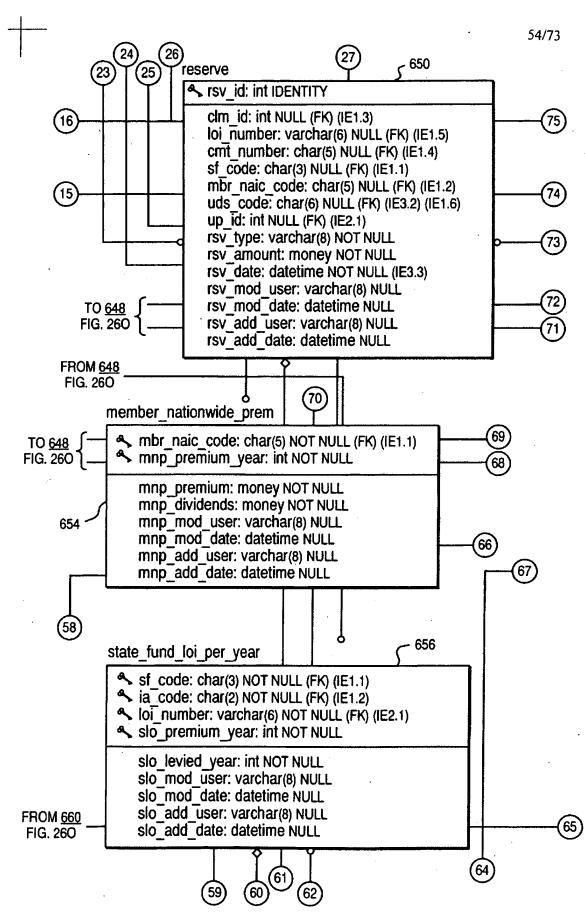
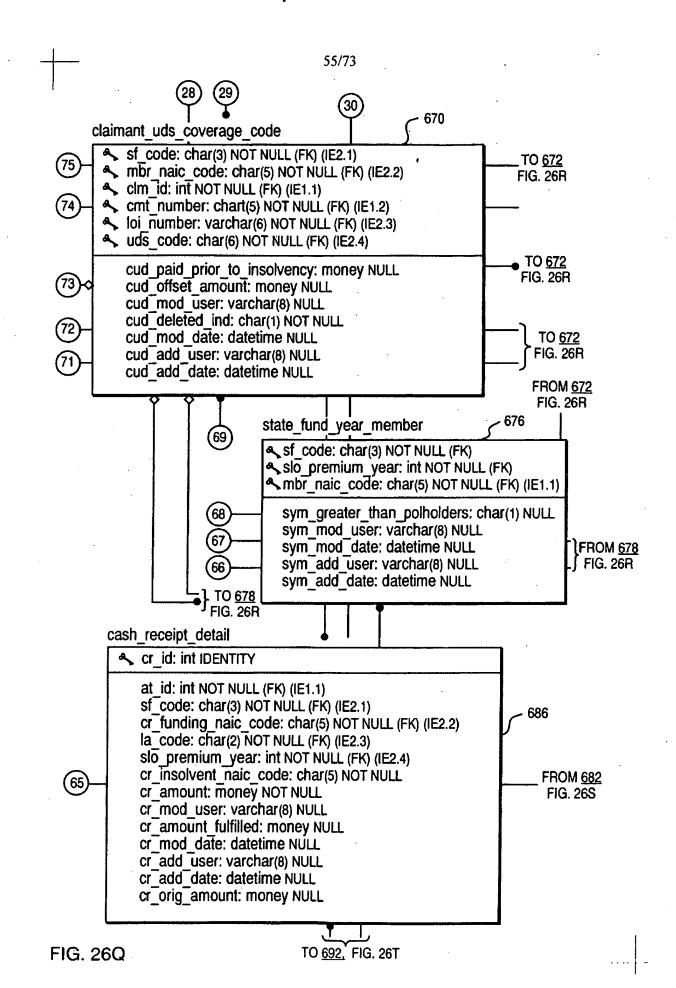
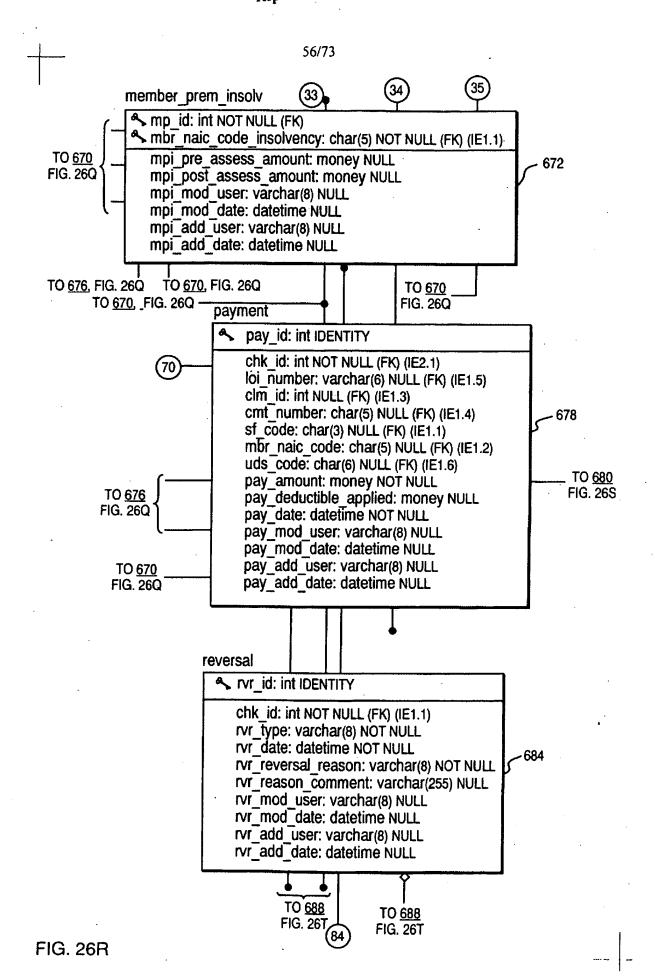


FIG. 26P





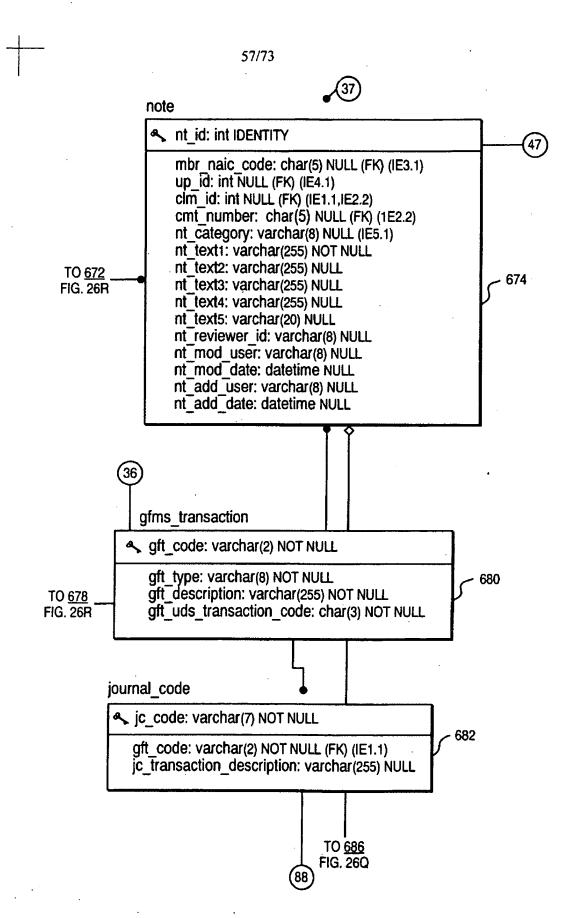
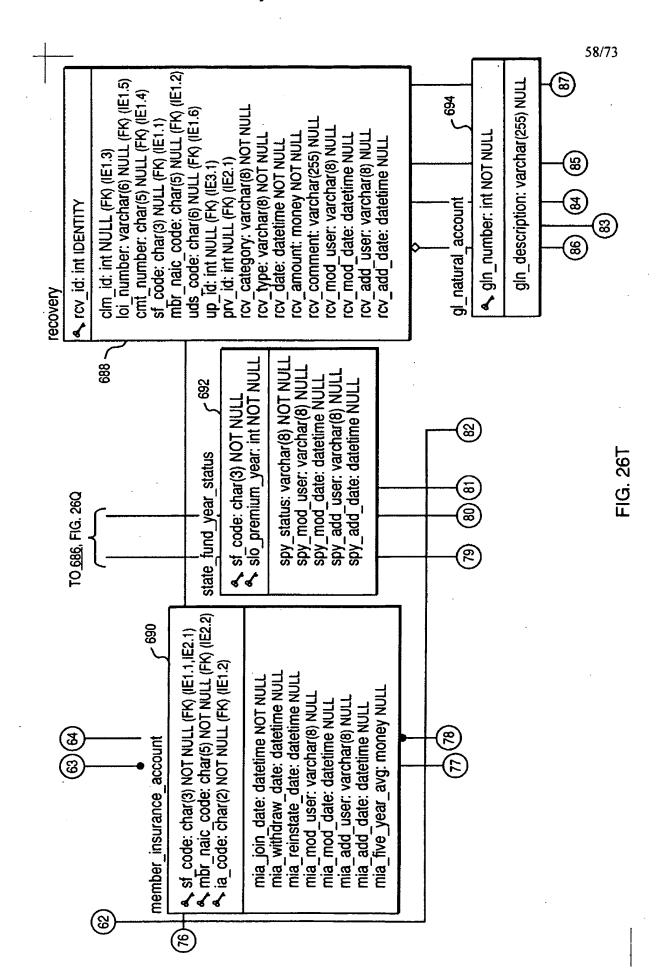


FIG. 26S



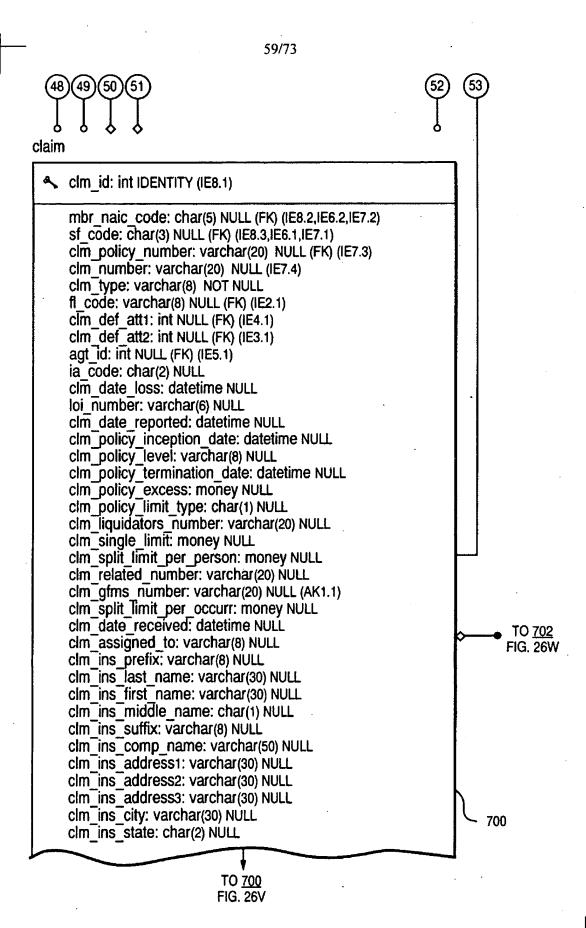
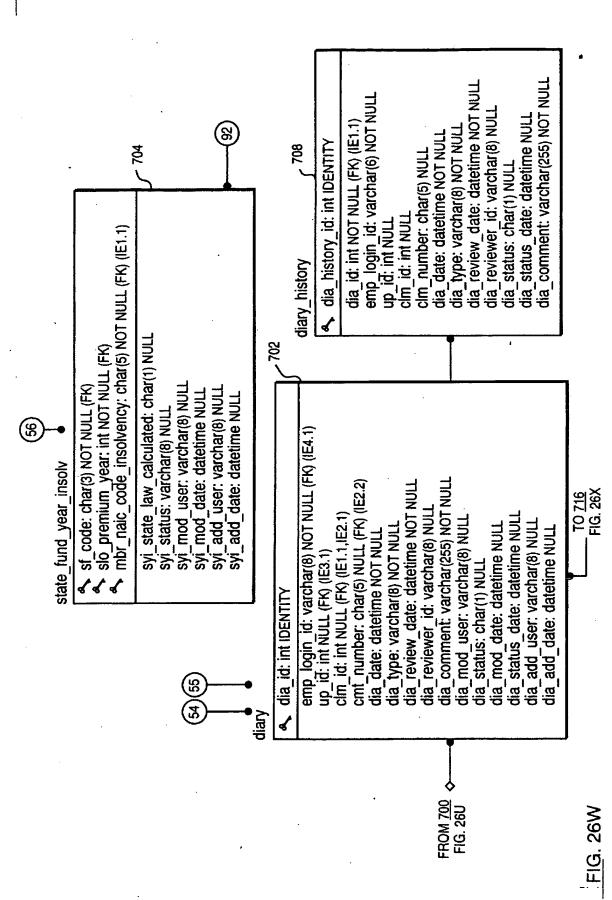
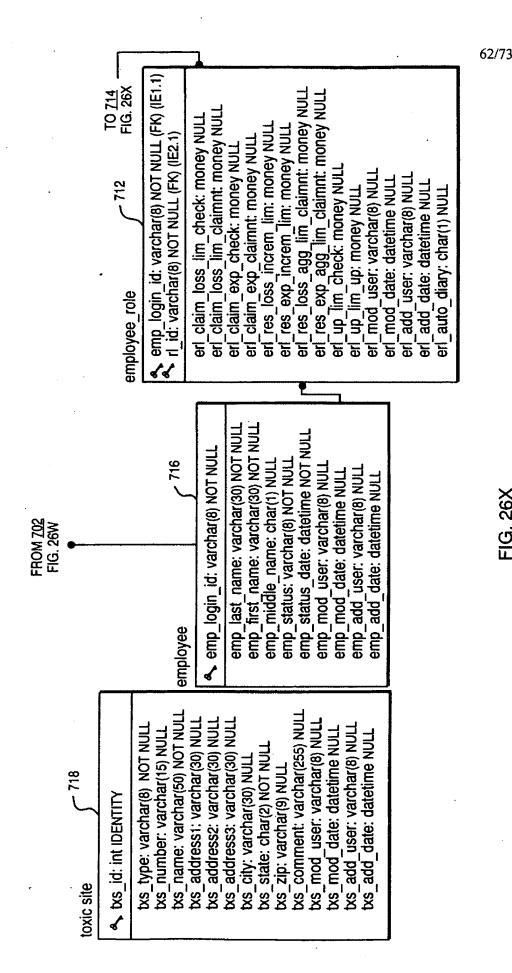


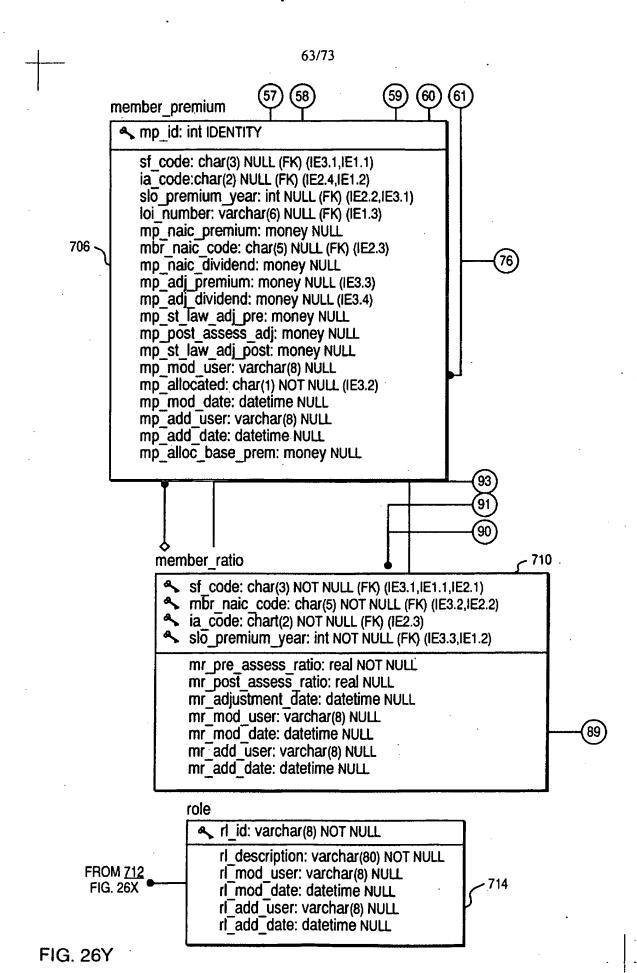
FIG. 26U

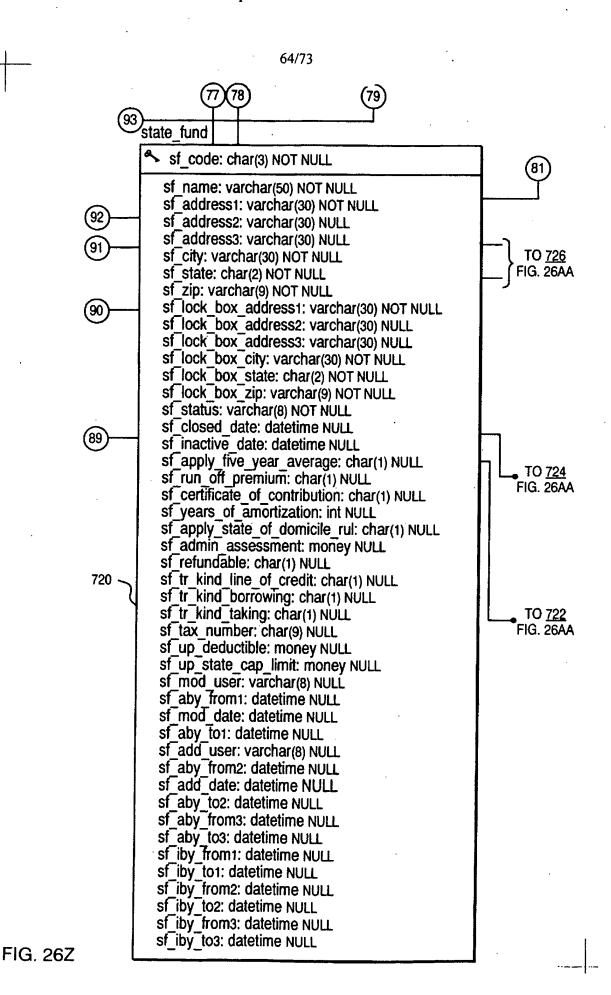
FROM <u>700</u> FIG. 26U

clm ins zip: varchar(9) NULL clm ins phone: char(10) NULL clm ins extension: varchar(8) NULL clm ins fax: char(10) NULL clm ins email: varchar(30) NULL clm status: varchar(8) NULL clm status date: datetime NULL clm status reason: varchar(8) NULL clm status approved by: varchar(8) NULL clm lookup code 1: varchar(8) NULL clm lookup code 2: varchar(8) NULL clm lookup code 3: varchar(8) NULL clm lookup code 4: varchar(8) NULL clm_lookup_code_5: varchar(8) NULL clm read note: char(1) NULL clm lien indicator: char(1) NULL clm file location date: datetime NULL clm box number: varchar(20) NULL clm blocked: char(1) NULL clm mod user: varchar(8) NULL clm source: varchar(8) NULL clm mod date: datetime NULL clm comp name: varchar(50) NULL clm contact last name: varchar(30) NULL clm deleted ind: char(1) NOT NULL clm add user: varchar(8) NULL clm add date: datetime NULL cbn contact first name: varchar(30) NULL









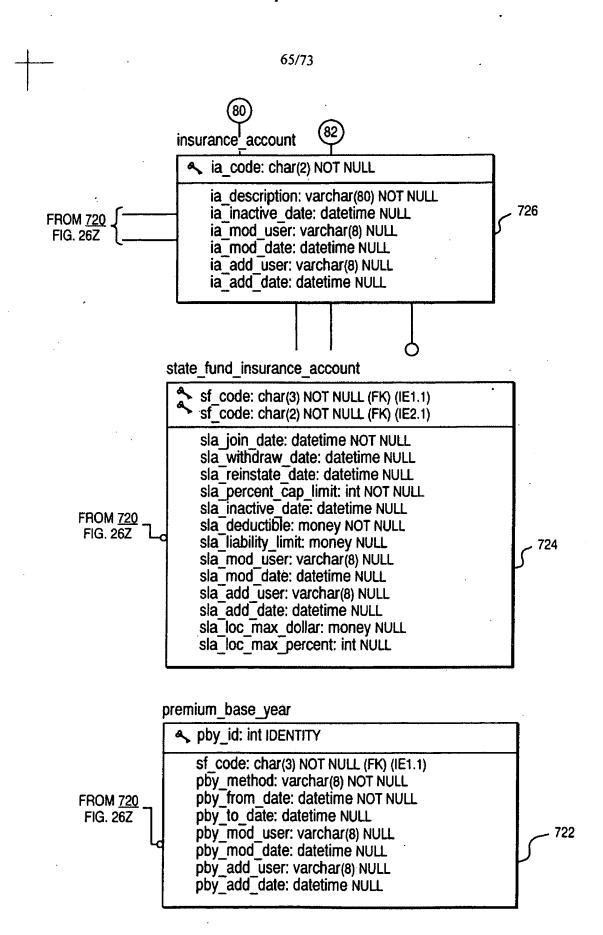


FIG. 26AA

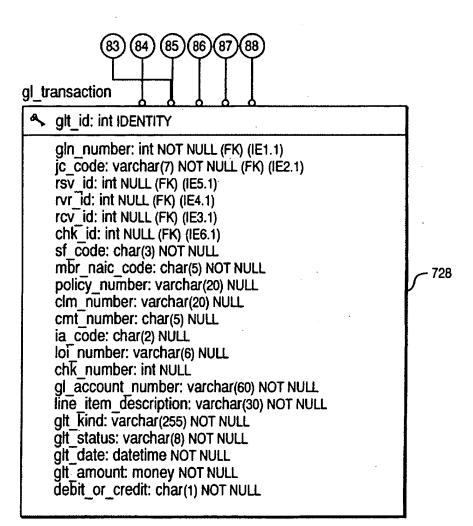
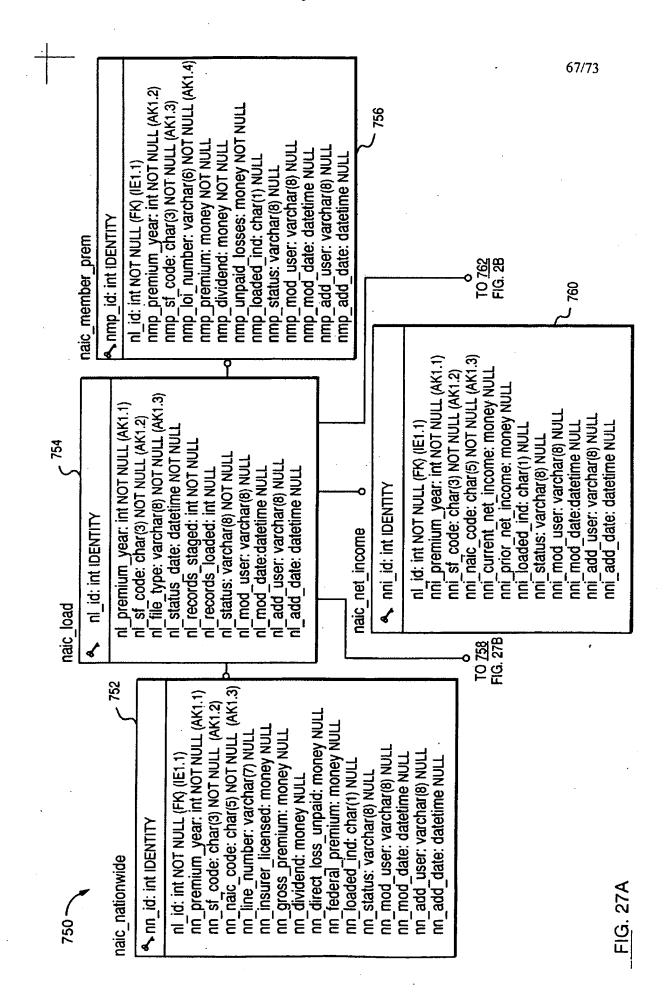
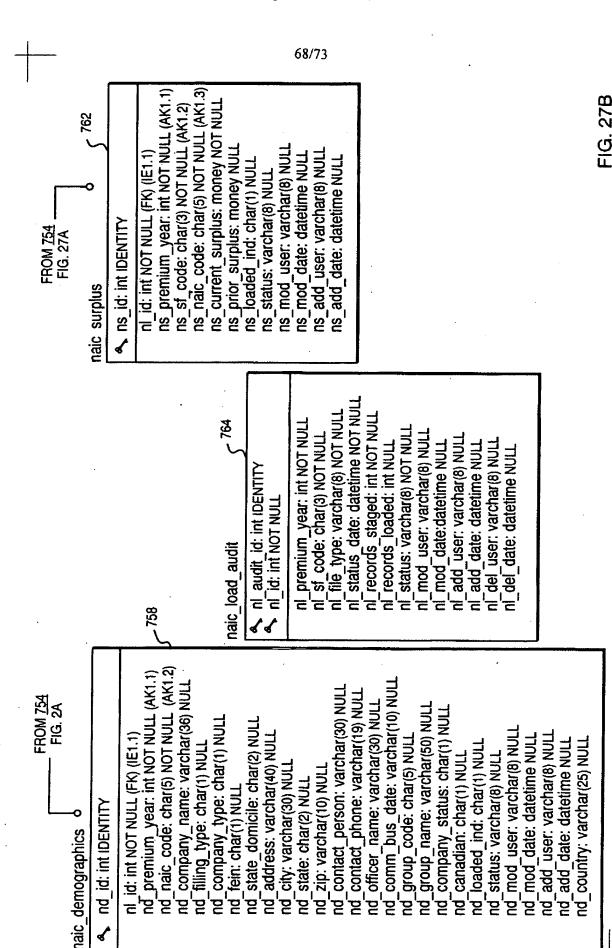
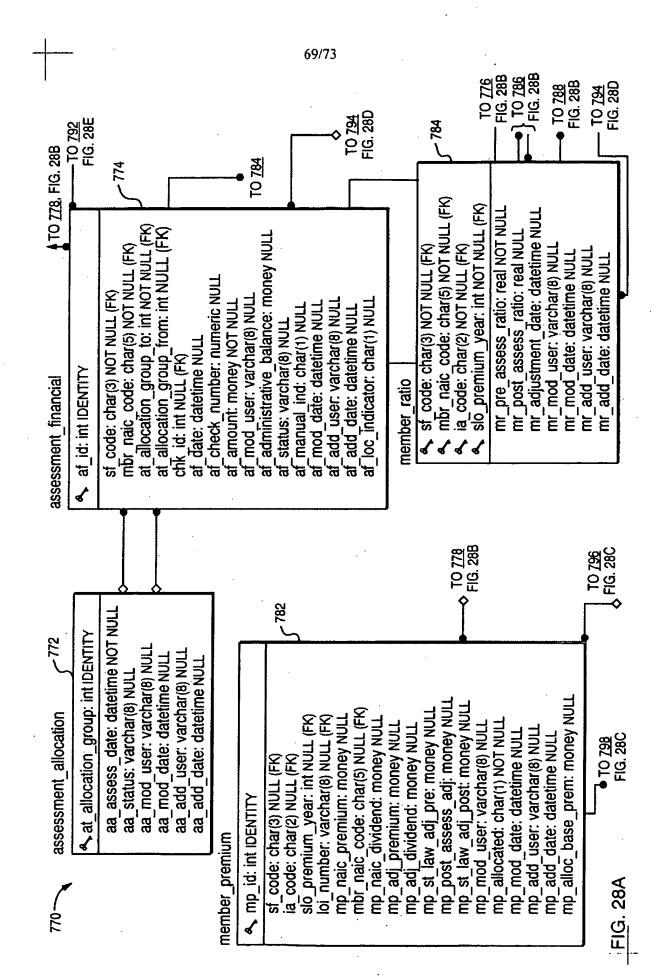
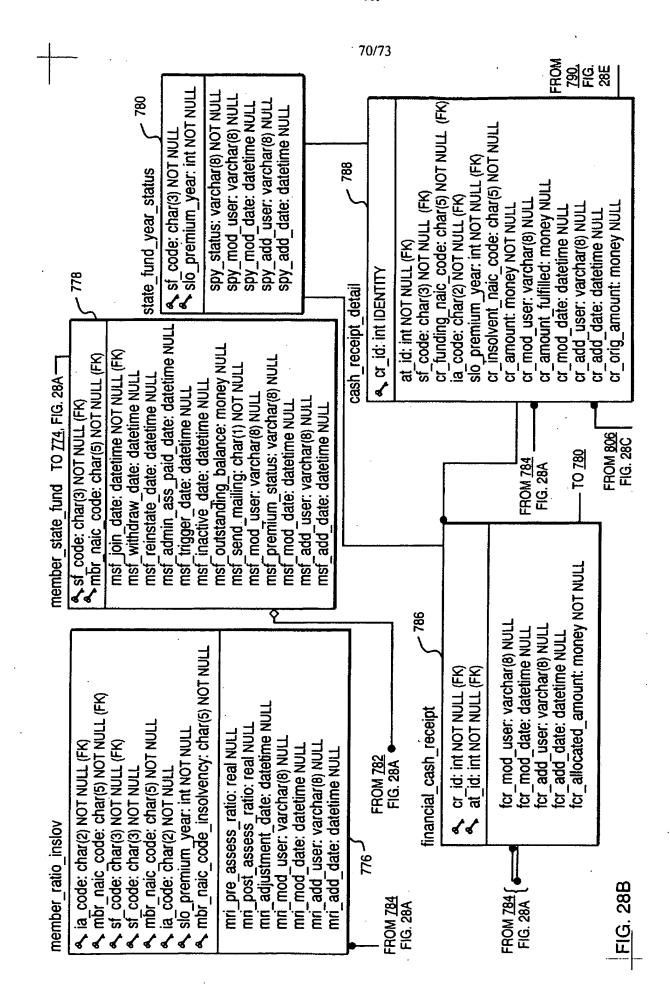


FIG. 26BB



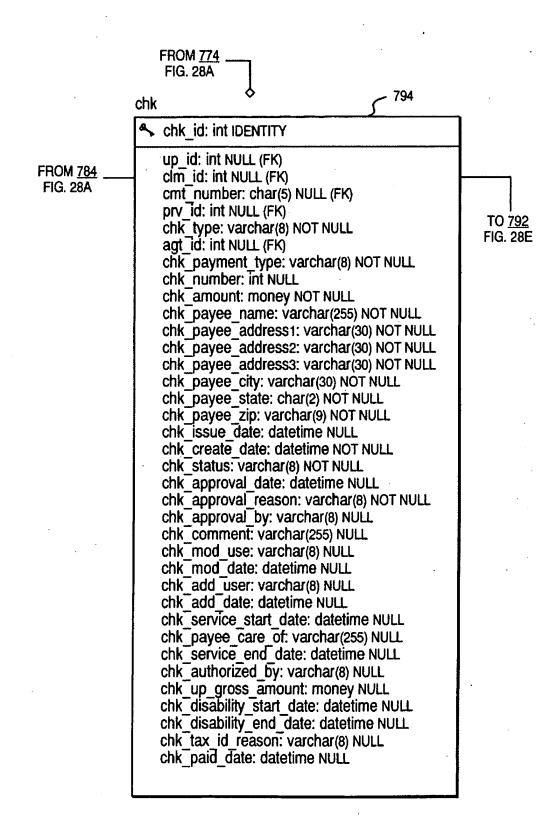


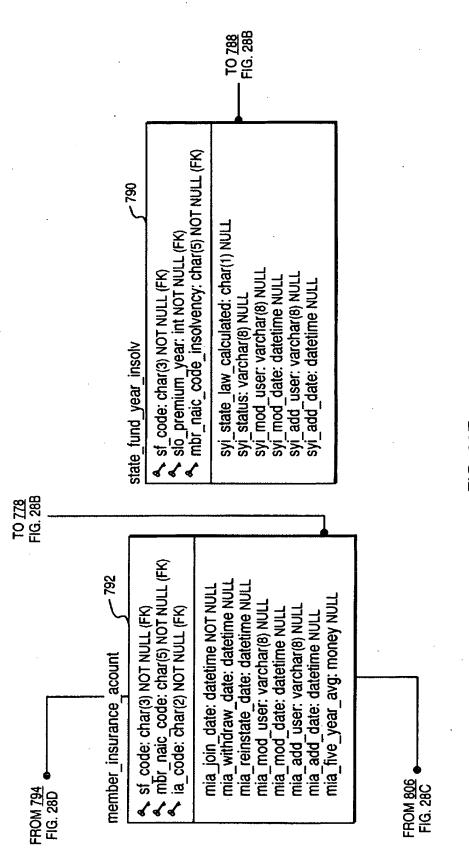




71/73 **FROM 782** FIG. 28A member prem insolv 798 ~mp id: int NOT NULL mbr naic code insolvency: char(5) NOT NULL (FK) mpi pre assess amount: money NULL FROM <u>782</u> mpi post assess amount: money NULL **FIG. 28A** mpi mod user: varchar(8) NULL mpi mod date: datetime NULL mpi add user: varchar(8) NULL mpi add date: datetime NULL 796 800 state fund loi per year assessment allocation msf sf code: char(3) NOT NULL (FK) al allocation group: int NOT NULL ia code: char(2) NOT NULL (FK) sf code: char(3) NOT NULL \$\sigma\ loi \ number: varchar(6) NOT NULL (FK) mix naic code funding: char(5) NOT NULL slo_premium_year: int NOT NULL (FK) aam loc notification: char(1) NOT NULL slo levied year: int NOT NULL slo mod user: varchar(8) NULL slo mod date: datetime NULL 802 state fund premium_totals slo add user: varchar(8) NULL slo add date: datetime NULL sfp id: int NOT NULL FROM <u>784</u> 806 FIG. 28A sf code: char(3) NOT NULL assessment transaction slo premium year: int NOT NULL at id: int IDENTITY la code: char(2) NOT NULL sfp insolv date: datetime NULL sf code: char(3) NOT NULL (FK) sfp amount: money NOT NULL mbr naic code: char(5) NOT NULL (FK) sfp mod user: varchar(8) NULL ia code: char(2) NOT NULL (FK) sfp mod date: datetime NULL at premium year: int NOT NULL sfp add user: varchar(8) NULL at kind: varchar(8) NOT NULL TO sfp_add_date: datetime NULL at assess date: datetime NOT NULL <u>788.</u> at allocation group: int NULL (FK) FIG. at type: varchar(9) NOT NULL. 28**B** at assess amount: money NOT NULL assessment financial staging at deferred amount: money NULL afs id: int IDENTITY at reversal: char(1) NOT NULL at from deferred: char(1) NOT NULL at_allocation_group_to: int NULL at adjustment date: datetime NULL af amount: money NULL at mod user: varchar(8) NULL fcr allocated adjustment: money NULL at mod date: datetime NULL cr id: int NULL at add user: varchar(8) NULL add user: varchar(8) NULL at add date: datetime NULL admin bal adjustment: money NULL at reverse at id: int NULL at loc notification: char(1) NULL 804

> FROM <u>792</u>-FIG. 28E





IG. 28E